

PRE-EXISTING CONDITIONS

After coverage has been in effect for 24 continuous months, Global Medical Insurance provides a US\$50,000 lifetime benefit for eligible pre-existing conditions that existed at or prior to the effective date, subject to a maximum of US\$5,000 per period of coverage. This benefit is payable whether or not you have received consultation or treatment for the condition(s) during the 24-month period. This is important since few pre-existing conditions remain free from ongoing consultation or treatment, and often do not qualify for coverage in standard plans. Global Medical Insurance does not "rider" or charge additional premium for pre-existing conditions. If you properly disclose a pre-existing condition at the time of application, and are accepted into the plan, you will be covered for eligible medical expenses after 24 months of continuous coverage, subject to the foregoing limits and the other terms of the plan.*

The following illnesses which exist, manifest themselves or are treated or have treatment recommended prior to or during the first 180 days of coverage from the initial effective date are considered pre-existing conditions under the plan, and are subject to the waiting period and other limitations of coverage described above: asthma, allergies, tonsillectomy, back conditions, adenoidectomy, hemorrhoids or hemorrhoidectomy, disorders of the reproductive system, hysterectomy, hernia, gall stones or kidney stones, any condition of the breast, and any condition of the prostate.

OTHER EXCLUSIONS & LIMITATIONS*

- Routine physical examinations-first 12 months
- Maternity and newborn (unless the maternity rider is purchased - see details under the Benefits section of this brochure)
- Mental and nervous-first 12 months
- Organized amateur or professional sports
- Treatment not ordered or received by a physician
- Treatment or supplies not medically necessary
- Investigational, experimental or research procedures
- Custodial care
- Weight modification
- Elective cosmetic or plastic surgery
- Treatment of impotency
- Contraceptive medication or treatment
- Drug and alcohol abuse treatment
- Organ transplants not specifically listed
- Devices to correct sight or hearing
- Routine foot care
- Treatment by a relative or family member
- Treatment as a result of war or riot
- Treatment resulting from illegal activities
- Speech therapy
- Persons HIV+ at effective date
- Services and treatment eligible for payment by any government or other insurance

*See certificate wording for a definition of pre-existing conditions and a complete list of exclusions and limitations, and for all other specific terms and conditions of the plan. Certificate wording is available upon request.

ELIGIBILITY

Global Medical Insurance is available to individuals and families of all nationalities. U.S. citizens must reside abroad or plan to leave the U.S. on their effective date and plan to reside abroad for at least six of the next 12 months. Non-U.S. citizens may reside anywhere, including their country of citizenship, although certain eligibility restrictions may apply to non-U.S. citizens residing in the United States. Persons between the ages of 14 days and 74 years old may apply for coverage. Persons older than 74 years of age are not eligible. Certain other restrictions may also apply. Please ask your insurance agent or broker for further details.

Families applying for Global Medical Insurance will receive free coverage for the first two eligible dependent children between the ages of 14 days to 9 years when both parents are insured under the Global Medical Insurance plan. Children under the age of 19 applying individually should use the male 19-24 age bracket when applying for coverage. Each person requesting coverage must complete the information required in the application.

RENEWAL OF COVERAGE

Subject to the terms of the plan, Global Medical Insurance is annually renewable and coverage is continuous when renewed. Prior to the end of each period of coverage (12 months) you will receive a renewal form. You must continue to meet the eligibility requirements outlined above in order to renew. There are no additional medical questions at renewal. Please select your deductible carefully, as you will be unable to select a lower deductible when you renew your coverage. Note: If you have reached part of your deductible during the last 30 days of your certificate year, we will carry over that portion you have met of your deductible to the next certificate year.

LIFETIME COVERAGE

Lifetime medical coverage is available if you are enrolled in the Global Medical Insurance plan by your 65th birthday and maintain continuous coverage to age 75. Prior to your 75th birthday you will receive a summary of benefits of a new plan, Global Senior Plan®, and an enrollment form for coverage. There is no additional medical underwriting. You simply need to review the benefits, and complete and return the enrollment form with your premium.

INTERNATIONAL PROVIDER ACCESS

IMG provides an on-line International Provider Access database that can be used to locate health care providers outside the U.S. as needed. The database can be found at www.imglobal.com. (Note: Use of this service is subject to the terms and conditions specified on-line. These terms must be agreed to prior to using the service.)

PPO/PRE-CERTIFICATION

ACCESSING THE PPO

You may seek treatment under Global Medical Insurance with the hospital or doctor of your choice. If you choose the worldwide option and you need to seek treatment in the U.S., you may use the independent Preferred Provider Organization (PPO), a separately-organized network of approximately 500,000 physicians and 4,700 privately owned and operated hospitals contracted by IMG.* This PPO network includes approximately 67% of all the hospitals in the U.S., including some of the most well-recognized university medical centers and transplant facilities.

Using this provider network could significantly reduce your out-of-pocket expenses. **Your deductible will be reduced by 50%, and any coinsurance applicable to that charge is waived, when eligible treatment is received from a network provider.** When a U.S. hospital outside the network is used, a co-payment of US\$250 is required in addition to the regular deductible and coinsurance. This co-payment is waived, however, if there is not a network provider within 50 miles of the location of treatment.

You may access the PPO directory by requesting that a copy be sent to you or you may visit the IMGGLOBAL® web site, www.imglobal.com. Network providers are listed by location and specialty.

*All PPO providers are contracted separately through First Health Group Corp.

PRECERTIFICATION / VERIFICATION OF BENEFITS

Prior to receiving treatment you may need to contact IMG to precertify your treatment and/or for verification of benefits. **Precertification** means calling IMG's Utilization Management and Review department to receive a determination of medical necessity for the proposed treatment or services. It is important to note that precertification is only a determination of medical necessity, not an assurance of coverage, verification of benefits or a guarantee of payment. Precertification may be undertaken by you, the doctor, a hospital administrator or a relative. The following treatments and services must be pre-certified or certain reductions in benefits may result:

- Any surgery or treatment requiring hospitalization
- Outpatient surgery
- CAT scans, MRIs
- Within 48 hours after an emergency admission to the hospital
- Care in an extended care facility
- Home nursing care
- Durable medical equipment including artificial limbs
- Transplants

Verification of benefits is the process of verifying your general coverage and the available benefits under the plan. You may do this by contacting IMG's Customer Care department whether or not your treatment or services require precertification. Verification of benefits is not a guarantee of payment or assurance of coverage, and all medical expenses must meet eligible payment guidelines in accordance with the terms and conditions of the plan. While precertification and verification of benefits are separate determinations, both are made in reliance on the completeness and accuracy of the information provided by you and your healthcare providers to IMG.

CLAIMS INFORMATION

CLAIMS PROCEDURE

When you receive treatment, original itemized bills must be received by IMG within 90 days of services. As a courtesy, claims may be paid in selected alternate currencies by electronic bank wire. Please see the Claim Form for more information and conditions of this service.

CLAIM FILING ALTERNATIVES

DIRECT PAYMENT TO PROVIDERS - In many cases IMG works with the hospital or clinic as an accommodation, including those outside the independent PPO, for direct payment of eligible medical expenses on your behalf. To be eligible to have a claim paid in this fashion, you or the provider must complete a Claim Form and submit it with original itemized bills. In this case, you will be responsible for direct payment of your deductible, coinsurance amounts and non-eligible expenses and charges.

REIMBURSEMENT - If you have received treatment and need to be reimbursed for out-of-pocket medical expenses, complete the Claim Form and submit your original itemized bills and paid receipts within 90 days. We will reimburse your eligible medical expenses after applying the deductible and coinsurance, subject to the terms of the plan.

Please remember to submit your bills and receipts as soon as you receive them. Do not hold them until the end of the year. IMG will apply eligible medical expenses to your deductible and coinsurance throughout the year.

HOW TO APPLY

To apply for Global Medical Insurance®, simply complete and return the family application for yourself, your spouse and dependents. If you are 19 years of age or older, you must complete your own application. You must complete all questions outlined in the application in order to be considered for coverage. An attending physician statement may be required depending upon your answers to the medical conditions, and IMG reserves the right to request additional medical information.

When we receive your completed application with premium, we will process it as quickly as possible. Once accepted, you or your agent/broker will be mailed a fulfillment kit which includes an identification card, declaration of insurance and a certificate of insurance (containing a complete description of benefits, exclusions and terms of the plan), claim filing information, and claim forms. You are required to notify IMG, as required by the terms of the plan, if you or any family member suffers or is treated for any illness, injury or other medical condition between the time of your application and the issuance of the certificate. If your application is not accepted, you will receive a full refund of premium. For additional information, please contact your independent insurance agent or broker.

Once you are accepted in the plan, we are confident that you will be pleased with the full terms of coverage. To ensure your satisfaction, we provide you with a 15 day period to review the fulfillment kit contents. If, during that 15 day period you find that you are not happy with the plan for any reason, you may submit a written request for cancellation and full refund of your premium. See Certificate of Insurance for full details.

Cancellation requests received after this 15 day period will be granted at the sole discretion of IMG as the plan administrator. Any refund you may receive will be based on an established refund schedule, not a pro-rated basis. See the Certificate of Insurance for full details.

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INTERNATIONAL MEDICAL GROUP

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Web: www.imglobal.com



Please refer to the certificate wording for specific terms, conditions and other details regarding the benefits, limitations, eligibility and exclusions outlined in this booklet. Certificate wording is available upon request prior to purchase.

The summary description of coverages, benefits and eligibility in this brochure is accurate at the date of printing, subject to the terms of the plan. Any updates or changes made subsequent to printing will be included in the fulfillment kit sent upon approval of your application, and/or from time to time thereafter.

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CONTACT INFORMATION

Name:
Address:

Phone:
Fax:
Email:
Web:
Agent Number:

Rates are valid through 12/2006.
Form 28136 (Rev. 03/2006)

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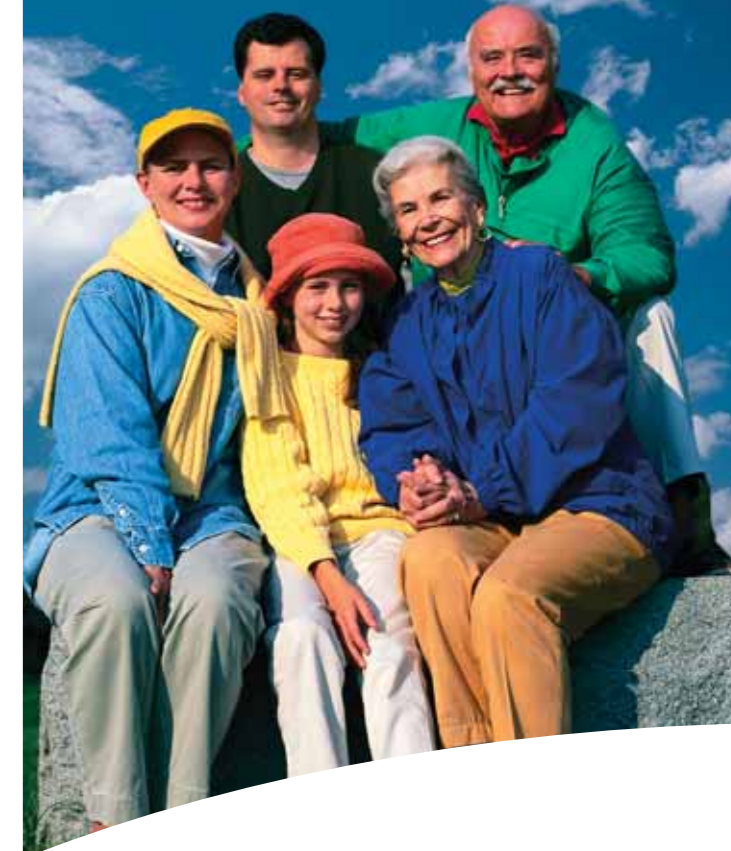


ASSURANT Health

Contracts administered by IMG and underwritten by Sirius International.

Global Medical Insurance®

Long-term, worldwide coverage for individuals and families



Contracts are marketed by Assurant Health and presented by Time Insurance, administered by International Medical Group, Inc. and underwritten by Sirius International Insurance Corporation.

GLOBAL MEDICAL INSURANCE®

WORLDWIDE COVERAGE FOR NON-U.S. CITIZENS AND U.S. EXPATRIATES



Becoming a citizen of the "global community" can be an exciting experience, yet one that can pose potential complications. Your health care while abroad should not be one of those concerns. Whether you are working or living abroad for extended

periods, traveling frequently between countries, maintaining multiple countries of residence, or exploring private health care alternatives, Global Medical Insurance is designed to meet your needs.

Global Medical Insurance offers worldwide coverage to a wide variety of international clientele, including expatriates, international executives, diplomats, students, entertainers and other international travelers. Regardless of your occupation or circumstances, Global Medical Insurance can help eliminate the obstacles of time, currency and language when you are seeking medical treatment and need assistance and administration of your international health care benefits.



Global Medical Insurance provides US\$5,000,000 of lifetime coverage with a full range of benefits suited for individuals and families. The plan offers two options: worldwide coverage or worldwide coverage excluding the U.S. and Canada.

Both options provide coverage 24 hours a day, and you have the freedom to choose any doctor or hospital for treatment.

When you select Global Medical Insurance, you receive IMG's commitment to deliver world class health benefits, medical assistance and total peace of mind.

PLAN ADMINISTRATOR



COVERAGE WITHOUT BOUNDARIES®

International Medical Group®, Inc. (IMG®) is a worldwide leader in designing, distributing and administering global healthcare benefits. Since 1990 we have built a solid reputation by providing medical security to hundreds of thousands of individuals and families in more than 150 countries.

IMG presents a unique, full-service approach to the international community. Our staff includes claims administrators who process thousands of claims each year from throughout the world, handling virtually every language and currency; multilingual customer service representatives who ease the burden of communicating in a second language; and on-site medical advisors who are available 24 hours a day, seven days a week for emergencies, medical evacuations and pre-certification.

Worldwide coverage, multilingual capabilities, international claims specialists and access to IMG from anywhere at anytime – all designed to give you true Coverage Without Boundaries and the confidence you deserve when choosing an international insurance administrator.

PLAN UNDERWRITER



When deciding which company will insure your health, there are many important factors to consider. In addition to comprehensive benefits and experienced administration, there must be the commitment and financial stability of an established international insurance company.

While IMG provides complete plan administration expertise, our globally-recognized underwriter, Sirius International Insurance Corporation (publ), offers the financial security and reputation demanded by international consumers. Rated A (excellent) by A.M. Best and A- by Standard & Poor's®, Sirius International shares IMG's vision of the international marketplace and offers the stability of a well-established insurance company. Sirius International is a White Mountains Re company.

Growing year by year, expanding globally, building upon a solid reputation, remaining stable but never standing still-these characteristics make IMG and Sirius International the team to choose for your Global Peace of Mind®.

**Sources: A.M. Best affirmed their rating in a press release dated July 11, 2005; Standard & Poor's affirmed their rating in a press release dated November 19, 2004. Ratings accurate as of the date of printing and subject to change.*

BENEFITS

Global Medical Insurance® (GMI) covers the Usual, Reasonable and Customary (URC) charges for eligible expenses in the area where you receive treatment. Each insured person will only need to satisfy their deductible once per period of coverage (12 months), with a maximum of three deductibles per family. **For eligible expenses incurred in the U.S. and Canada (if applicable):** once the deductible is met, GMI pays 80% of the next US\$5000 in eligible expenses, then 100% of eligible expenses up to the policy maximum. **For eligible expenses incurred outside of the U.S. and Canada:** once the deductible is met, GMI will pay 100% of eligible expenses up to the policy maximum.

MEDICAL INSURANCE	BENEFIT <small>Subject to deductible & coinsurance</small>
Coverage Area	Two options: Worldwide or worldwide excluding the U.S. and Canada US\$5,000,000 lifetime
Policy Maximum Per Individual	URC
Hospitalization • Semi-private room and board • Nursing services • Prescription medication • Physician charges • Diagnostic and laboratory testing • X-rays • Chemotherapy and radiation • Durable medical equipment • Treatment, services and supplies routinely provided	URC
Intensive Care Unit	URC
Surgery • Surgical care • Second surgical opinion • Anesthetics • Physician charges for surgery • Treatment, services and supplies routinely provided	URC
Transplants Limited to certain transplants and covered only within designated transplant facilities that are members of IMG's independently-contracted PPO network	US\$1,000,000 lifetime
Outpatient • Emergency treatment of illness or injury • Surgery • Rehabilitative treatment • Treatment, services or supplies routinely provided • Prescription medication	URC
Emergency • Surgery or dental treatment following an accident • Emergency room following an accident • Charges incurred for the use of the Emergency room for treatment of an illness are subject to an additional (extra) US\$250 deductible if treatment does not require admittance to the hospital	URC
Emergency Transportation by Ground Ambulance	URC
Emergency Medical Evacuation Included with Emergency Medical Evacuation is an Emergency Reunion benefit of US\$10,000 lifetime	Up to policy maximum
Return of Mortal Remains	US\$25,000

MEDICAL INSURANCE

Supplemental Accident
The first US\$300 will be covered for each accidental injury

Child Wellness
Available for eligible children under 18 years of age only after 12 months of continuous coverage

Pre-existing Conditions
Only available after 24 months of continuous coverage

Mental/Nervous Care
Only available after 12 months of continuous coverage • Inpatient and outpatient care by a licensed psychiatrist

Wellness
• Females age 30 and over, only after 12 months of continuous coverage • Routine physicals • Mammogram, ob/gyn visit, etc. (exams must be separated by at least 12 months)

• Males age 30 and over, only after 12 months of continuous coverage • Routine physicals (exams must be separated by at least 12 months)

Dental Emergency
Necessary treatment of sudden, unexpected pain to sound natural teeth

Complementary Medicine
Acupuncture
Aroma Therapy
Herbal Therapy
Magnetic Therapy
Massage Therapy
Vitamin Therapy

Recreational SCUBA Coverage
Illness or injury while using safe diving practices as laid down by an Authoritative Diving Body

Other
Chiropractor when referred by a physician
• Radiation treatment • Home nursing care
• Hospice care • Physical therapy (maximum US\$50 per visit) • Prosthetic devices

Optional Maternity Rider US\$50,000 lifetime maximum
Benefits include: • Pre- and post-natal care • Maximum of US\$5,000 for normal delivery for each pregnancy • Maximum of US\$7,500 for C-section delivery for each pregnancy • Well baby care and treatment of newborn for first 31 days • Child wellness benefits of up to US\$200 maximum per period of coverage (not subject to deductible or coinsurance) for eligible newborn children for the first 12 months
Must be selected at time of initial purchase of plan • Benefits available after 10 months of continuous coverage • Eligible newborn children may be added without evidence of insurability as long as an application form is submitted within 31 days of birth • Benefits will be reduced by 50% for births that occur in the 11th or 12th month of continuous coverage • See the application form for the cost of this optional rider

The foregoing list is only a summary of available benefits and coverages, and is subject to the specific terms and conditions of the plan concerning eligible benefits, limitations, eligibility and exclusions. Please refer to the certificate wording for a complete description, which is available upon request.

SUPPLEMENTAL LIFE & DAILY INDEMNITY

GLOBAL TERM LIFE INSURANCE™ INCLUDING AD&D

While Global Medical Insurance is designed to protect individuals and families from the high cost of medical expenses, Global Term Life Insurance provides protection for families following a traumatic loss. Global Term Life Insurance also includes Accidental Death and Dismemberment (AD&D) coverage at no additional cost. AD&D is paid in addition to any amount paid by Global Term Life Insurance and can double the amount of the benefit.

ELIGIBILITY AND COVERAGE

Those approved for Global Medical Insurance and under age 70 are automatically eligible for Global Term Life Insurance at the time of application. Global Term Life Insurance is an optional program purchased in units. The number of units applicants may purchase is based upon their age at time of application and each subsequent renewal. Applicants from age 31 days through 18 years and from 65 through age 69 are eligible for one unit of coverage. Applicants from age 19 through age 64 are eligible for two units of coverage.

GLOBAL TERM LIFE INSURANCE

AGE	PRINCIPAL SUM* per unit	AGE	PRINCIPAL SUM* per unit
31 days-18	US\$5,000	50-54	US\$20,000
19-29	US\$75,000	55-59	US\$15,000
30-39	US\$50,000	60-64	US\$10,000
40-44	US\$35,000	65-69	US\$7,500
45-49	US\$25,000		

ACCIDENTAL DEATH AND DISMEMBERMENT (INCLUDED WITH GLOBAL TERM LIFE INSURANCE)

	BENEFIT
Accidental Loss of Life	Principal Sum*
Accidental Loss of Two Members**	Principal Sum*
Accidental Loss of One Member**	50% of Principal Sum*

**Benefit based on age at time of death **"Member" means hand, foot or eye.*

GLOBAL DAILY INDEMNITY™

Insuring your life and health reduces the burden of unforeseen financial liabilities due to an illness or accident. Unfortunately, obligations and bills continue even during a hospital stay. The Global Daily Indemnity plan is an excellent way to offset these expenses. Global Daily Indemnity will pay directly to you US\$100 for each required overnight stay in a hospital. The hospital stay must be eligible for coverage under your Global Medical Insurance plan. Hospital stays related to maternity are not eligible.

GLOBAL DAILY INDEMNITY	PRINCIPAL SUM
Available only between ages 19-69 with Global Medical Insurance	US\$100 per day

EMERGENCY MEDICAL EVACUATION

During a medical emergency, access to qualified treatment is an immediate concern. For these situations, Global Medical Insurance includes Emergency Medical Evacuation coverage up to the policy maximum. This coverage is available when there is not a qualified facility in the immediate area to treat your life threatening illness or injury. In addition, an Emergency Reunion lifetime benefit of US\$10,000 is available to cover the travel/lodging expenses of a relative or friend during an Emergency Medical Evacuation. Global Medical Insurance also covers expenses for repatriation of bodily remains or ashes to the insured's country of citizenship up to a maximum of US\$25,000 for death resulting from a covered injury or illness.

HOW THE EVACUATION PROCESS WORKS

Emergency Medical Evacuation benefits under the plan provide access to care when you or your family need it most. During the emergency, IMG will coordinate evacuation to a qualified facility equipped to handle your illness or injury. A team of independent pilots and medical professionals transport you and a family member, while arrangements for your arrival are being made with the receiving hospital. Once at the receiving hospital, IMG will continue to monitor your treatment and communicate with physicians and family members.

To be eligible, the evacuation must be recommended by the attending physician in life-threatening situations, and approved in advance and coordinated by IMG. IMG is available 24 hours a day, 7 days a week to arrange emergency medical evacuations.

IMG has around-the-clock medical staff available to approve, certify and coordinate medical evacuations.

